

324  
HAROLD A. ABRAMSON, M. D.  
133 EAST 53rd STREET  
NEW YORK 22, NEW YORK

February 9, 1954

Dear Mr

For your information and files I am enclosing  
a case report which might be of interest.

Yours sincerely,

Harold A. Abramson, M. D.

EAA/nb

(324)

## CASE REPORT ON PATIENT JOHN Q. SMITH

I was called in consultation to see Mr. John Q. Smith about ten days after Mr. Smith had received 70 micrograms by mouth in a highly protected situation. Mr. Smith, although agitated and concerned over his relationships in work situations, related very well to his friends, to me, and to community problems in general. It appeared that Mr. Smith had profound guilt feelings because he had been retired as an officer during the last war and was drawing a pension. His intense feelings of guilt resulted from receiving government money to which he felt that he was not entitled. These feelings were not eliminated by his realistic understanding that he had appeared before a retirement board. A strong feeling of inadequacy dominated his present work. He felt that he was not doing as good a job as he thought he should even though he was thought well of by his colleagues and promotions had come readily. In several hours of interviewing or a period of two days his agitation could not be directly linked with a psychotic state until he said that his sleeplessness had been caused by the FBI who had surreptitiously been placing amphetamine or caffeine in his food at night to keep him awake. These feelings of having drugs being placed in his food had been present for at least five months before he had received his therapeutic dose of 70 micrograms. He also disclosed that he had shown bizarre behavior for nine months before that his wife thought he needed medical attention. This led to an outpouring of an intense desire on his part to be punished by the authorities for his past conduct of taking money fraudulently from the government following his retirement by an Army board.

Subsequent discussion with the patient and an accompanying friend led to his agreeing to entering a mental institution. Different hospitals were discussed. He chose one near his home and appeared to be relieved that some decision had been made to take care of his problems. Accompanied by his friend who shared the same room with him he went to a hotel for the night because the hospital chosen was distant and he could not be accepted at once. In the middle of the night without any warning he plunged head-first through a heavy glass window hattering it and fell to his death on the pavement below.

Information subsequently received revealed that he had discussed suicide frequently during the previous year and to the best of my information had been talked out of suicide twice. In my opinion Mr. Smith had been suffering for some time with a paranoid type of depressive psychosis which, although reluctantly recognized by his family and friends, had not received adequate medical care. It is my opinion, also, in view of my experience with various ambulatory types of subjects, that this dosage could hardly have had any significant